

AUTHORIZATION FOR MEDICAL TREATMENT
Indicate the most recent type of custody and date

VOLUNTARY COMMITMENT

Mo/Da/Yr.

The child identified below is under a voluntary commitment to the Cabinet for Human Resources, Department for Social Services. Under a voluntary commitment, the parents authorize the Department to provide such medical care as may be advised by the attending physician except in cases of serious illness or major surgery. In these instances, the parents are to be contacted and their written consent obtained. A representative of the Department (social worker) may consent when parents cannot be located. In an emergency, if the social worker cannot be located, the foster parents may authorize emergency medical treatment.

TEMPORARY OR EMERGENCY CUSTODY

Mo/Da/Yr.

The child identified below is in the temporary or emergency custody of the Cabinet for Human Resources, Department for Social Services, and a parent or district judge shall provide written approval for medical procedures. In an emergency, when the child requires immediate medical attention and the parent or judge has not granted prior written approval, or cannot be located, the social worker can authorize treatment. If the social worker cannot be located, the foster parents may authorize medical treatment.

COMMITMENT

Mo/Da/Yr.

The child identified below is committed to the Cabinet for Human Resources, Department for Social Services. When any medical services are to be provided, a representative of the Cabinet, such as the child's social worker, or the parent, may approve services for the child by his or her signature. In an emergency, when the child needs immediate medical treatment, and the social worker cannot be notified, the foster parent may authorize treatment.

RIGHTS TERMINATED

Mo/Da/Yr.

The parental rights of the child identified below have been terminated. When any medical services are to be provided, a representative of the Cabinet, such as the child's social worker, may approve the service for the child by his signature. In an emergency, when a child needs immediate medical attention and the social worker cannot be located, the foster parent may authorize medical treatment.

CHILD'S NAME: _____

DATE OF BIRTH: _____

DSS WORKER: _____

WORK PHONE: _____

HOME PHONE: _____

DSS SUPERVISOR: _____

WORK PHONE: _____

HOME PHONE: _____